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CONFIRMATION NO. 2517

<b>SERIAL NUMBER</b> 10/517,423	<b>FILING OR 371(c) DATE</b> 03/10/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 122005	
<b>APPLICANTS</b> Albert Duranton, Maisons-Laffitte, FRANCE; Lionel Breton, Versailles, FRANCE;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/01919 06/23/2003					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/07763 06/21/2002 FRANCE 02/07764 06/21/2002 FRANCE 02/07765 06/21/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 7
<b>Verified and Acknowledged</b> <u>Examiner's Signature</u> <u>Initials</u>					
<b>ADDRESS</b> 25944					
<b>TITLE</b> Use of taurine for the treatment of alopecia					
<b>FILING FEE RECEIVED</b> 3080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		